

National 4-H Western Heritage Conference Workshop-Demonstration-Seminar 2026 Request



Please complete all sections. Upon completion of the form, submit by July 1, 2026 to: WHNat2026@yahoo.com

Best Described as: (select one) **Workshop** or **Demonstration**
or **Seminar** or **Other** (i.e. living history monologue)

Workshop: participants do hands-on activity – not merely spectators

Working Demonstration: presenter “shows” how to do something; not just talk about it. Interactive or hands-on activities are encouraged, but not required.

Seminar: presenter talks about and/or illustrates a topic. Visual aids encouraged.

**Date: Tuesday, July 28: Historical Crafts or Skills Demonstrations/Living History ,
Other**

*This activity is expected to be a participant “come and go format” throughout the day.
Contact a committee member for exceptions.*

Length of Session: (select one) 2 hours 4 hours 8 hours

Date: Wednesday, July 29: Workshop, Seminar

Tentatively scheduled for afternoon.

Length of Session: (select one) 45 minutes 1 hour 45 minutes

Are you willing to repeat the session a 2nd time (45 minutes), if asked?

Title:

Description: Please write a short description of the workshop/demonstration/seminar.

Primary Focus: The presenter’s main goal.

Requirements: What is needed - for participation as well as for instruction?
i.e. furniture, tables, chairs, electric, water, ventilation, inside, outside, square footage,
etc.

List of supplies and equipment needed: Will presenter provide? Or, is Event expected
to provide?

Will there be an additional fee for participants? _____ **If so, how much?** _____

Minimum number of students/participants required? _____

Maximum number of students/participants? _____

Presenter(s): How many? List names.

Presenter 1:

Presenter 2:

Presenter 3:

Presenter 4:

**If there is a similar presentation already requested, do you have an alternative
program you could present?** _____

Will the presenter be selling items related to the presentation? _____

Tax Deduction: If presenter(s) is covering all expenses, will they need a letter for tax
deduction purposes? _____ If so, provide contact and contact information.

Cancellation Notice: In event of cancellation, by presenter or event, is there a
requirement for cancellation notice?

Contact Information

Primary Contact Name:

Primary Contact Phone Number:

Primary Contact Address:

Primary Contact Email Address:

Event Address:

Faith Baptist Church
1002 S Marshall St
Marshfield, MO 65706
(417) 859-3125

Questions?

Email WHNat2026@yahoo.com or call one of the following committee members:

Gerry Snapp (660) 837-3332
Penny Bronk (660) 292-1957

Joyce Wagner (816) 591-0356
Lori Suter (417) 343-7600